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**The Webb Law Firm**

# Fax

**To:** United States Patent and Trademark Office  
Mail Stop Petition  
**From:** The Webb Law Firm

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**Fax:** (571) 273-8300 **Pages:** 8

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**Phone:** **Date:** 11/18/2009

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**Re:** Petition to Revive – Application No. 10/534,079 **Docket Number** 0470-051409

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☒ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

• **Comments:**

Attached hereto are the following documents:

1. Petition to Revive Pursuant to 37 C.F.R. § 1.137(b);
2. Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 C.F.R. § 1.137(b); and
3. Fee Transmittal;

Please be advised that the USPTO is hereby authorized to deduct the amount of \$1,620.00 from our Deposit Account No. 23-0650 to cover the cost for Applicants' unintentional mistake.

Thank you.

The Webb Law Firm

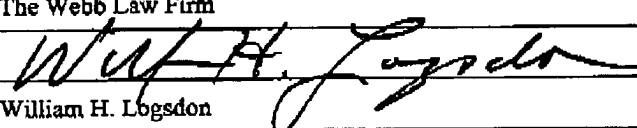
NOV 18 2009

<b>TRANSMITTAL FORM</b>	Application Number	10/534,079
	Filing Date	11/7/2003
	First Named Inventor	Mark Theodoor Verhaar
	Art Unit	4121
	Examiner Name	Sara E. Clark
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	8	Attorney Docket Number 0470-051409

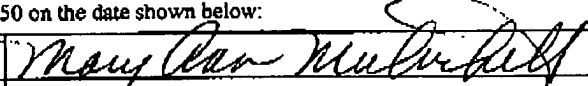
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition To Revive <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Remarks</div>		

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	William H. Logsdon		
Date	November 18, 2009	Reg. No.	22,132

## CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Mary Ann Mulvihill	Date	November 18, 2009

NOV 18 2009

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).</i> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/534,079
		Filing Date	11/14/2005
		First Named Inventor	Mark Theodoor Verhaar
		Examiner Name	Sara E. Clark
		Art Unit	4121
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ ) 1,620.00	Attorney Docket 0470 - 051409

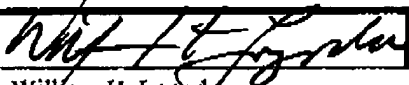
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>23-0650</u> Deposit Account Name: <u>The Webb Law Firm</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>	

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u>
							<u>Fee (\$)</u>
Each claim over 20 (including Reissues)							52    26
Each independent claim over 3 (including Reissues)							220    110
Multiple dependent claims							390    195
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Multiple Dependent Claims</u>
							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u> <u>- 3 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/ 50 = _____ (round up to a whole number)				x _____	= _____
							<u>Fees Paid (\$)</u>
<b>4. OTHER FEE(S)</b>							
Non-English Specification,    \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): Petition Fee - 1,620							1,620

<b>SUBMITTED BY</b>			
Signature		Registration No.	22,132
		(Attorney/Agent)	
Name (Print/Type)	William H. Logsdon		Telephone    412-471-8815
			Date    November 18, 2009